r lease type a plus sign (+) inside this box +	Please type a plus sign (+) inside this box 📫	÷
--	---	---

PTO SB-01 (12-97)

Approved for use through 9:30:00 OMB 0651-0032
Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number

Attorney Docket Number 38-21(15678)B DECLARATION FOR UTILITY OR First Named Inventor Conner **DESIGN** COMPLETE IF KNOWN PATENT APPLICATION (37 CFR 1.63) **Application Number** Filing Date May 1, 2001 □ Declaration ☐ Declaration Group Art Unit Submitted OR Submitted after Initial Filing (surcharge with Initial (37 CFR 1.16 (e)) required) Filing **Examiner Name**

As a below named inven	tor. I her	eby declare that									
My residence, post office a	address.	and citizenship are	as stated below nex	kt to my	name						
I believe I am the original, names are listed below) of						st and joint inventor (if plural the invention entitled					
Plant Regulatory	Sequ	ences for Sel	lective Contr	ol of	Gene Expi	ression					
the specification of which (Title of the Invention) Is attached hereto OR											
was filed on (MM/D	was filed on (MM/DD/YYYY) as United States Application Number or PCT International										
Application Number I hereby state that I have re amended by any amendme I acknowledge the duty to d	nt specifi	nd understand the cally referred to abo	ove	ve identii	fied specification	· ·					
certificate, or 356(a) of any	PCT inte ive also i	ernational application dentified below. by	on which designate checking the box, a	d at lea any forei	ist one country ign application for	nation(s) for patent or inventor's other than the United States of or patent or inventor's certificate rity is claimed					
Prior Foreign Application Number(s)	-	Country	Foreign Filing (MM/DD/YY		Priority Not Claimed	Certified Copy Attached? YES NO					
Additional foreign applica	tion o m	has as listed as a	a palamental arias	iti data i	abaat BTO/CB/0	OD attached basets					
I hereby claim the benefit u											
Application Number			e (MM/DD/YYYY		application(s) list						
60 201,255		05 01 2000		,	numbe supple	onal provisional application ers are listed on a emental priority data sheet					

Please type a plus sign (+) inside this box	\rightarrow	+	
---	---------------	---	--

supplemental Additional Inventor(s) sheet(s) PTO SB/02A attached heret

	a valid	d OME	control n	umber										
DE	CLA	R/	TIO	<u>N</u> —	<u> </u>	tilit	y or	D	esigi	n Pate	nt A	App	olicatio	on
United States United States	of Amer or PCT Ir thich is m	ica lis iterna ateria	ited belov tional app I to patent	v and, ins lication it ability as	sofar as n the ma defined	the sub anner prodin 37 C	oject ma ovided b CFR 1 56	tter o	f each of the first paragi	ne claims of t aph of 35 U.S	his applic C 112,	cation is Lacknow	ipplication des s not disclosed wledge the dut ate of the prior	in the prior to disclose
U	.S. Par	ent A	Applicat Num		PCT	Parent	t			iling Date D/YYYY)		Pare	ent Patent I (if applicat	
		DOT			A.									
					Custon OR	ner Num	ber 2	716	1			→Г		
	Nam	ıe				Regist	ration						27%	tration nation
Thomas F	P. McE	3rid			32,7				Den	nis R. He	oerner	, Jr.	PATES OR OFF	RK OFFICE
Timothy 1	K. Bal	11			42,2	287			Law	rence M	. Lavi	n, Jr.	30,768	3
Additional	registere	d prac	titioner(s)	named o	n suppl	emental	Registe	red Pr	actitioner	nformation sh	eetPTO/	/SB/02(attached here	eto
Direct all cor	respond	ence	to: X							OR	XC	опеѕр	ondence add	ress below
Name	Gail	Wue	ellner,	Paten	t Dep	artm	ent, N	M ñ	kantol(Company				
Address	800 N	۷. L	indber	gh Bo	uleva	ard	PAT	ENT T	RADEMARK C	FFICE				
Address	Mail	Zor	e E2N	Α										
City	St. L	ouis							State	MO	ZIP	р 63167		
Country	USA				Te	lephor	ne (63	6) 7	737-76	85	Fax	ax (636) 737-6047		
believed to be punishable by	e true, an y fine or ii	d furth mpris	ner that th onment, c	ese state or both, u	ements	were m	iade wit	h the	knowledge	that willful f	alse state	ements	and the like s	o made are
Name of S	ole or F	First	Invento	or:					☐ A petit	on has bee	n filed fo	or this u	nsigned inve	ntor
G	liven Nan	ne (fir	st and mid	ddle [ifa	any])					Fam	uly Nam	ne or St	ırname	
Timothy	Registered practitioner(s) name/registration number listed below Name Registration Number Mass P. McBride 32,706 Dennis R. Hoerner, Jr. PAT 30,494 RN OFFICE Othy K. Ball 42,287 Lawrence M. Lavin, Jr. 30,768 Det L. Bonner 32,963 Martha J. Yates 47,194 diditional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto at all correspondence to Consort Number or Bar Code Label Gail Wuellner, Patent Department, Markar of Company PATENT TRADEMARK OFFICE Mail Zone E2NA St. Louis State MO Zip 63167 Telephone (636) 737-7685 Fax (636) 737-6047 by declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are ed to be true, and further that these statements were made with the knowledge that willful faise statements and the like so made are nable by fine or imprisonment, or both under 18 U S C 1001 and that such willful faise statements may jeopardize the validity of the attorn or any planeth issued thereon Patent Trademark office Apetition has been filed for this unsigned inventor Given Name (first and middle (if any)) Family Name or Surname Othy W. Conner The providence of the properties of the surname of the statements and middle (if any) Date 51/Other													
Inventor's Signature			Tenthow Comes										Date	5/1/01
Residence (МО		Country	USA			Odjenickip	US
		-												
· •.		Wi	dwood	State	MO	iel desembly (c)		'iP	63025		Cor	untry		

Additional inventors are being named on the _______

Please type a plus sign (+) inside this box →	+	
, and the second		

PTO/SB/02A (3-97)
sign (+) inside this box

Approved for use through 9/30/98 OMB 0651-0032

Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number

DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 1

Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor									ventor	
Given Na	me (first and middle [if any])		Family Name or Surname							
Patrice / Dubois										
Inventor's Signature	Date Date							Date	4/30/01	
Residence: City	Richmond Heights	State	мо	Count	ry Į Į	USA		Citizenship (Canada	
Post Office Address 7086 App. 2 West										
Post Office Address Oakland Ave.										
City	Richmond Heights	State	МО	ZIP	63	3117	Country	USA		
Name of Addition	nal Joint Inventor, if any	<u>:</u>]		A pet	itior	n has been file	d for thi	s unsigned in	ventor	
Given Na	me (first and middle [if any])			ļ		Family Nar	ne or S	Surname		
Marianne				Malver	1_					
Inventor's Signature	Marianen	lı		5.						
Residence: City	Ellisville	State	МО	Count	ry	USA		Citizenship	US	
Post Office Address	130 Irene Dr.									
Post Office Address										
City	Ellisville	State	МО	ZIF		63011	Count	try USA		
Name of Addition	nal Joint Inventor, if any	:		A pet	itior	n has been file	d for the	s unsigned in	ventor	
Given Na	me (first and middle [if any])					Family Nar	ne or S	Surname		
James D.			М	asucci						
Inventor's Signature	10/12							Date		
Residence: City	Manchester	State	МО	Counti	ر الا	USA		Citizenship	US	
5 · · · · · · · · · · · · · · · · · · ·										

ZIP D.Steric

State Mo

Manchester